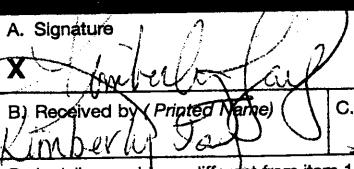


<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature </p> <p><input checked="" type="checkbox"/> X <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B) Received by <input type="checkbox"/> Printed Name <i>Kimberly Jay</i></p> <p>C. Date of Delivery <i>2-1-07</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input type="checkbox"/> No  If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Prison Health Services  Attn: Kim Jay  105 Westpark Drive, Suite 200  Brentwood, TN 37027</p> <p><i>06cv1033 show cause Order</i></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number  <i>(Transfer from service label)</i></p> <p>7006 2760 0002 8193 1057</p>		<p>Domestic Return Receipt</p> <p>102595-02-M-1540</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540